

UNITED STATES DISTRICT COURT

DISTRICT OF

APPEARANCE

Case Number:

To the Clerk of this court and all parties of record:

Enter my appearance as counsel in this case for

I certify that I am admitted to practice in this court.

/s/ NORMA A. AGUILAR

Date

Signature

Print Name

Bar Number

Address

City

State

Zip Code

Phone Number

Fax Number